

IOWA DOMESTIC ABUSE (DA) AND/OR SEXUAL ABUSE (SA) CERTIFIED ASSURANCES

The program assures and certifies that:

1. It is operated by a public or non-profit agency.
2. It will (a) prohibit discrimination against any employee, applicant for employment, or any person participating in any sponsored program on the basis of age, race, creed, color, gender, sexual orientation, gender identity, physical or mental disability, national origin, or religion, (b) compensate employees at no less than minimum wage, and (c) provide safe and sanitary working conditions.
3. It will comply with Iowa Code Section 8.11 regarding Minority Impact Statement, and the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.
4. The grant funds will be used to supplement and not supplant other available or mandated funds.
5. All private agencies agree to perform an audit in accordance with Iowa Code Section 11.36 audit requirements.
6. Due Dates for Audit Reports Audit reports are due the earlier of thirty days after receipt of the auditors report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
7. The grant funds will only be used to provide services to victims of domestic abuse or sexual abuse as specified in Iowa Code section 236.15.
8. It will maintain client, staff, policy and procedure information and that **reports** shall be submitted, in the correct form, on time, and containing information as required by the Crime Victim Assistance Division (CVAD).
9. It has a grievance procedure for victims, employees and volunteers.
10. It is a domestic abuse or sexual abuse program as defined in Iowa Code Chapter 236 and that all employees and volunteers who provide victim services are certified as victim counselors as provided in Iowa Code Chapter 915.
11. It provides all services without regard to a victim's ability to pay. There shall be no charge to victims for services provided by the program.
12. If it provides services to victims of domestic abuse, the program has the capacity to provide or arrange for safe shelter of victims and their children.

13. If it provides services to victims of sexual abuse, the program has the capacity to provide in-person support to victims at the time of an evidentiary sexual abuse examination.
14. It will keep time and attendance records for all DA-funded and SA-funded staff.
15. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.

I certify that the program in this application meets all the requirements stated in these certified assurances for the Domestic Abuse and/or Sexual Abuse state funds and that the program will comply with all applicable state laws and regulations.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative
Representative

Telephone Number of Authorized

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Updated December 28, 2012